

BÖLÜM 12

PRİMER HİPERPARATİROİDİ: EPİDEMİYOLOJİ, KLİNİK VE TANIYA GİDİŞ

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Epidemiyoloji

Primer hiperparatiroidi (PHPT), hiperkalsemi ve yüksek veya uygunsuz normal parathormon (PTH) seviyeleri ile karakterize yaygın bir endokrin bozukluktur. PHPT, bir veya daha fazla paratiroid bezinden aşırı PTH salgılanmasından kaynaklanır. PHPT’de neden, vakaların %80’inde soliter paratiroid adenomu, %10-15’inde dört paratiroid bezinde hiperplazi, %5’inde multipl adenomlar ve <%1’inde paratiroid kanseridir. PHPT insidansı son yarım yüzyılda önemli ölçüde değişmiştir ve 100.000’de ~0,4 ila 82 vaka arasında olduğu belirtilmektedir(1,2). 1970’lerde serum kalsiyum (Ca) düzeylerinin rutin ölçümünden önce PHPT nadir görülen ve semptomatik bir hastalık iken serum Ca düzeylerinin rutin olarak değerlendirilmesinin yaygınlaşmasıyla daha önce tanınmayan, asemptomatik PHPT vakaları tanımaya başlamış ve bu durum hastalığın insidansında yaklaşık 5 kat artışa yol açmıştır(3). Daha

sonra Amerika Birleşik Devleti’nde PHPT’nin insidansı 1998’e kadar azalmış bundan sonra da osteoporoz tarama kılavuzlarının gündeme gelmesi ve osteoporozlarda hedeflenen testlerin yapılmaya başlanması ile ikinci bir zirve daha ortaya çıkmıştır. Osteoporozlu postmenopozal kadınlarda PTH’nin katabolik potansiyelinin daha fazla değerlendirilmeye başlanması, hiperkalsemi olmayan kişilerde bile PTH’nin ölçülmesine yol açmış ve bu eğilim, normokalsemik PHPT adlı yeni bir durumun ortaya çıkmasına neden olmuştur(4). Normokalsemik PHPT insidansı bilinmemekle birlikte, son çalışmalarda %0.2-3.1 arasında değişen bir prevalans belirtilmektedir(5).

PHPT insidansı kadınlarda ve Afrikalı-Amerikalılarda, erkeklere ve diğer ırk gruplarına göre daha yüksektir. PHPT, her yaşta ortaya çıkabilmesine rağmen, hastaların yarısı postmenopozal kadınlardır ve kadın/erkek oranı 3 ile 4/1’dir(1). PHPT sıklıkla menopozdan sonraki ilk 10 yılda teşhis edilir, bu da östrojenin kemik-

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